## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

2705-165

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |               |              |                                  |  |       | SMALL ENTITY TYPE   |                        | OTHER THAN OR SMALL ENTITY |                     |                        |  |
|---|--|---|---------------|--------------|----------------------------------|--|-------|---------------------|------------------------|----------------------------|---------------------|------------------------|--|
| TOTAL CLAIMS  |  |   | 12            |              |                                  |  | [     | RATE                | FEE                    | · · ·                      | RATE                | FEE                    |  |
| FOR   |  |   | NUMBER FILED  |              | NUMBER EXTRA                     |  |       | BASIC FEE           | 355.00                 | OR                         | BASIC FEE           | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | /2 minus 20=  |              | . Ø                              |  |       | X\$ 9=              | ·                      | OR                         | X\$18=              |                        |  |
| INDEPENDENT CLAIMS  |  |   | 3 minus 3 =   |              | . 8                              |  |       | X40=                |                        | OR                         | X80=                |                        |  |
| MUI   | TIPLE DEPEN  | DENT CLAIM PE                             | RESENT        |              |                                  |  |       | +135=               |                        | OR                         | +270=               |                        |  |
| * If 1  | he difference i  | in column 1 is                            | less than zei | r "0" in c   | olumn 2                          | ļ  | TOTAL |                     | OR                     |                            | 710                 |                        |  |
| CLAIMS AS AMENDED - PART II   |  |   |               |              |                                  |  |       |                     |                        | ,                          | OTHER               | -                      |  |
| 5-5-69 (Column 1) (Column   |  |   |               |              |                                  | (Column 3)                                   |       | SMALL E             | NTITY                  | OR                         | SMALL               | ENTITY                 |  |
| AMENDMENT A   | ·  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ,             | NUM<br>PREVI | TEST<br>IBER<br>OUSLY<br>FOR     | PRESENT<br>EXTRA                             |       | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | . 12                                      | Minus         | /            | 2                                | <b>=</b> Q                                   |       | X\$ 9=              |                        | OR                         | X\$18=              |                        |  |
|   | Independent  | · 3                                       | Minus         | •••          | 3                                | - 0  |       | X40=                |                        | OR                         | X80=                |                        |  |
| L   | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEP   | ENDEN        | 1 CLAIM                          |  | j     | +135=               |                        | OR                         | +270=               |                        |  |
|   |  |   |               |              |                                  |  |       | TOTAL<br>ADDIT, FEE |                        | OR                         | TOTAL<br>ADDIT, FEE |                        |  |
| /0-22-54 (Column 1) (Column 2) (Column 3)   |  |   |               |              |                                  |  |       |                     |                        |                            | •                   |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NUI<br>PREV  | HEST<br>MBER<br>IOUSLY<br>D FOR  | PRESENT<br>EXTRA                             |       | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | . 13                                      | Minus         | ••           | 20                               | = 🔿  |       | X\$ 9=              |                        | OR                         | X\$18=              |                        |  |
| AME   | Independent  | • 4                                       | Minus         | •••          | 3                                | <u>                                     </u> | 4     | X40=                |                        | OR                         | X80=                |                        |  |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |               |              |                                  |  | J     | +135=               |                        | OR                         | +270=               |                        |  |
|   |  |   |               |              |                                  |  |       | TOTAL<br>ADDIT, FEE |                        | ОЯ                         | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |               |              |                                  |  |       |                     |                        |                            | •                   |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | PREV         | HEST<br>MBER<br>/IOUSLY<br>D FOR | PRESENT<br>EXTRA                             |       | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | •   | Minus         | ••           |                                  | =  |       | X\$ 9=              |                        | OR                         | X\$18=              |                        |  |
|   | Independent  | •   | Minus         |              |                                  |  | 4     | X40≃                |                        | OR                         | X80=                |                        |  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |               |              |                                  |  |       | +135=               |                        | OR                         | +270=               |                        |  |
| ' If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |               |              |                                  |  |       |                     |                        | 4                          | TOTA                |                        |  |
| ::  | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |               |              |                                  |  |       |                     |                        |                            |                     |                        |  |